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ABSTRACT

The presentation addresses the meaning of normalization and the dilemmas and challenges that confront social service professionals involved in attempting to incorporate the normalization principle into day treatment programs for mentally retarded and developmentally disabled persons. Effects of the current conservatism in governmental and social thinking are considered. Shortages are cited in community-based family support services, services for multiply handicapped mentally retarded, and services for handicapped persons beyond age 21. Financial constraints and poor planning are noted, as are some governmental programs that foster a sense of dependence, thereby hindering normalization progress. The effects of fickle public opinion and attitudes are also briefly touched upon. It is concluded that professionals and agency heads have a responsibility in helping to shape public attitudes and policy toward normalization. (CL)

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NORMALIZATION: CHALLENGES AND DILEMMAS

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DURING THE PAST DECADE, A DRAMATIC SHIFT IN SOCIAL POLICY AND PUBLIC ATTITUDE HAS MANDATED THAT MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE BE GIVEN THE OPPORTUNITY TO LIVE IN THE LEAST RESTRICTIVE ENVIRONMENT. THIS SHIFT IN POLICY AND ATTITUDES HAS BEEN ACCOMPANIED BY THE PURSUIT OF "NORMALIZATION," A SOMETIMES IDEALIZED, SOMETIMES RIDICULED CONCEPT WHICH SEEMS TO MEAN DIFFERENT THINGS TO DIFFERENT PEOPLE.

I WOULD LIKE TO SPEAK TO YOU TODAY NOT ONLY-ABOUT THE MEANING OF NORMALIZATION, BUT ALSO ABOUT THE DILEMMAS AND CHALLENGES WHICH CONFRONT SOCIAL SERVICE PROFESSIONALS IN DAY TREATMENT PROGRAMS AS WE SEEK TO IMPLEMENT THE PHILOSOPHY OF NORMALIZATION. I AM DEEPLY AND UNEQUIVOCABLY COMMITTED TO THE PRINCIPLE THAT MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE ARE ENTITLED TO THE SAME RIGHTS AND OPPORTUNITIES AS ALL OTHER CITIZENS.

SOME OPPONENTS OF COMMUNITIZATION, FOR EXAMPLE, HAVE EQUATED NORMALIZATION WITH AN ATTEMPT TO MAKE DISABLED PEOPLE "NORMAL." THEY HAVE THEN ARGUED THAT SINCE SUCH AN EFFORT IS CRUEL AND IMPOSSIBLE, NORMALIZATION ITSELF IS NEITHER FEASIBLE NOR DESIRABLE. THIS, OF COURSE, IS UTTER NONSENSE.

THE THEORY OF NORMALIZATION WAS FIRST INTRODUCED IN THE WRITINGS OF NEILS ERIK BANK-MIKKELSEN, WHO DEFINED NORMALIZATION AS PROVIDING MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED INDIVIDUALS WITH THE OPPORTUNITY TO OBTAIN AND MAINTAIN AN EXISTENCE AS CLOSE TO NORMAL AS POSSIBLE. THIS REQUIRED THAT CARE PROVIDERS, AND SOCIETY IN GENERAL, ACCEPT MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE AS INDIVIDUAL HUMAN BEINGS WHO DESERVE TO BE TREATED WITH DIGNITY AND RESPECT, AND WHO ARE ENTITLED TO THE SAME OPPORTUNITIES TO ACHIEVE THEIR FULLEST POTENTIAL AS ARE ALL OTHER CITIZENS. BANK-MIKKELSEN, IT SHOULD BE NOTED, EMPHASIZED NORMALIZATION AS A <u>GOAL</u>.

ANOTHER INFLUENTIAL THINKER, BENGT NIRJE, SAW NORMALIZATION AS A <u>PROCESS</u>. HE DEFINED NORMALIZATION AS PROVIDING MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED INDIVIDUALS WITH PATTERNS OF LIVING AND LIFE CONDITIONS AS CLOSE AS POSSIBLE TO THE NORMS AND PATTERNS OF THE COMMUNITY'S MAINSTREAM. HE, TOO, EMPHASIZED THE NEED TO RESPECT THE SPECIAL NEEDS OF PEOPLE WITH DISABILITIES, AND TO ADDRESS THESE NEEDS BY PROVIDING PROGRAMS AND SERVICES WHICH REFLECTED THE CLIENTS' MATURITY AND ABILITIES.

WOLF WOLFENSBERGER WEDDED MEANS AND ENDS WHEN HE FURTHER REFINED AND SYNTHESIZED THE DEFINITION OF NORMALIZATION TO MEAN THE USE OF CULTURALLY NORMATIVE OR VALUED EFFORTS TO ESTABLISH AND MAINTAIN CULTURALLY NORMATIVE BEHAVIORS AND CHARACTERISTICS. HIS SERVICE DELIVERY AND PROGRAM EVALUATION DESIGN IS INTENDED TO MAXIMIZE THE LIKELIHOOD THAT DEVALUED POPULATIONS ARE REVALUED BY SOCIETY.

WE WOULD LIKE TO SUGGEST TO YOU THAT NORMALIZATION, IN ITS MOST FUNDAMENTAL SENSE, REFERS TO TREATING MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE WITH THE SAME RESPECT WHICH WE EXPECT FROM OTHERS. SPECIFICALLY, IT MEANS RECOGNIZING THE RIGHTS OF MENTALLY DISABLED INDIVIDUALS TO LIVE IN THE LEAST RESTRICTIVE ENVIRONMENT--IN THE COMMUNITY--RATHER THAN IN AN INSTITUTIONAL SETTING, AND PROVIDING THEM WITH THE OPPORTUNITY TO GROW, TO ACHIEVE AND TO BECOME PRODUCTIVE MEMBERS OF SOCIETY.

OUR AGENCY, THE YOUNG ADULT INSTITUTE, PRESENTLY OPERATES 30 COMMUNITY-BASED PROGRAMS WHICH SERVE MORE THAN 1,000 MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED CLIENTS AND THEIR FAMILY MEMBERS EVERY DAY, 24 HOURS A DAY. THE UNDERLYING PHILOSOPHY WHICH IS AT THE CORE OF ALL OF OUR PROGRAMS IS THAT ALL OF OUR CLIENTS, REGARDLESS OF THEIR DISABILITY, HAVE THE POTENTIAL FOR GROWTH. ALL OF OUR PROGRAMS AND SETTINGS ARE DESIGNED TO MAXIMIZE THE CLIENTS' INVOLVEMENT IN DECISION-MAKING. WE ARE ESPECIALLY CONCERNED WITH RESPECTING INDIVIDUAL DIFFERENCES AND WITH PROVIDING EVERY CLIENT WITH THE OPPORTUNITY TO ACHIEVE HIS OR HER FULLEST POTENTIAL.

WE CAN TELL YOU FROM OUR PERSONAL EXPERIENCE THAT NORMALIZATION--A CHIEF COMPONENT OF WHICH IS DEINSTITUTIONALIZATION--HAS HAD A PROFOUND AND SALUTORY EFFECT ON THE LIVES OF THOUSANDS OF MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED CITIZENS. NORMALIZATION MEANS A BETTER SELF-IMAGE FOR MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE. IT MEANS A CHANCE FOR THEM TO LEAD MORE DIGNIFIED, MORE MEANINGFUL AND HAPPIER LIVES.

IT SEEMS TO US THAT THE QUESTION TODAY IS NO LONGER WHETHER NORMALIZATION SHOULD BE IMPLEMENTED. RATHER, IT IS <u>HOW AND TO WHAT EXTENT</u> CAN WE EXPAND NORMALIZATION IN THE FACE OF SOME VERY SERIOUS SOCIAL, FISCAL AND POLITICAL CONSTRAINTS.

WE WOULD LIKE TO TAKE THIS OPPORTUNITY TO EXAMINE SOME OF THE CHALLENGES AND DILEMMAS WHICH CONFRONT SOCIAL SERVICE PROFESSIONALS AS WE IMPLEMENT THE PHILOSOPHY OF NORMALIZATION, AND TO DEFINE THE ROLE THAT WE MUST PLAY IF WE ARE TO MAINTAIN THE HARD-WON GAINS FOR THE PEOPLE WE SERVE.

WE ARE TODAY AT A CRITICAL CROSSROAD IN THE FORMULATION OF POLICIES AND ATTITUDES REGARDING NORMALIZATION.

AS IDEALISTS ADVOCATING AND UPHOLDING THE PRINCIPLE OF NORMALIZATION--AND AS PRAGMATISTS IMPLEMENTING THESE IDEALS EVERY DAY IN OUR PROGRAMS--WE ARE FACING NEW QUESTIONS IN THE 1980's: HOW FAR CAN WE TAKE NORMALIZATION? DO COMMUNITY ATTITUDES AND FISCAL CONSTRAINTS PRECLUDE US FROM EXTENDING THE APPLICATION OF THIS PHILOSOPHY ANY FURTHER?

IS THE CLOCK INDEED TURNING BACK TO THE NOT-SO-DISTANT DAYS OF OVERLY-RESTRICTIVE CARE FOR MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE? CONSIDER THE FOLLOWING DILEMMAS AND CHALLENGES WHICH WE MUST CONFRONT:

THE NEW CONSERVATISM IN SOCIAL AND GOVERNMENTAL THINKING HAS RESULTED IN SEVERE CUTBACKS IN GOVERNMENTAL FUNDING OF NUMEROUS SOCIAL PROGRAMS. AN ADMINISTRATION WHICH REPEATEDLY PROCLAIMS THE DIGNITY OF ALL LIFE, INITIATES AND ADVOCATES LEGISLATION WHICH ABROGATES HUMAN DIGNITY BY DEPRIVING THE MOST VULNERABLE--THE SICK, THE OLD AND THE DISABLED--OF THE VERY ASSITANCE WHICH THEY REQUIRE TO ENABLE THEM TO MAINTAIN THEIR DIGNITY. INDEED, WE ARE WITNESSING THE REMOVAL OF THOUSANDS UPON THOUSANDS OF PEOPLE--THE OLD, THE FRAIL AND THE MENTALLY HANDICAPPED--FROM AID PROGRAMS SUCH AS FOOD STAMPS AND SUPPLEMENTAL SECURITY INCOME. WITH NO ALTERNATIVE PROGRAMS BEING PROVIDED OR PLANNED, WHAT WILL HAPPEN TO THESE PEOPLE?

A SIMILAR PARADOX IS APPARENT WHEN WE EXAMINE MORE CAREFULLY THE IMPLICATIONS OF CASES INVOLVING THE PROVISION AND WITHDRAWAL OF MEDICAL CARE. THE QUESTION CONFRONTING ALL OF US IS NOT ONLY WHO SHALL LIVE AND WHO SHALL DIE, BUT ALSO, WHO SHALL PAY? THE GOVERNMENT, INVOKING THE SANCTITY OF ALL HUMAN LIFE, HAS FOUGHT FOR THE RIGHTS OF THE MENTALLY RETARDED AND OTHER HANDICAPPED PEOPLE TO RECEIVE TREATMENT REGARDLESS OF THEIR DISABILITIES. INDEED, IN CELEBRATED CASES SUCH AS THE "BABY DOE" CASE, THE "BABY JANE DOE" CASE AND THE BECKER CASE, THE GOVERNMENT HAS <u>DEMANDED</u> THAT THE HANDICAPPED INDIVIDUAL IN EACH CASE BE PROVIDED WITH WHATEVER TREATMENT IS NECESSARY TO MAINTAIN LIFE.

AT THE SAME TIME, HOWEVER, BENEFITS, SERVICES AND PROGRAMS ARE BEING SEVERELY CUT FOR MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED INDIVIDUALS.

MOREOVER, THE FAMILIES OF MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE ARE SERIOUSLY UNDERSERVED UNDER THE EXISTING SYSTEM OF SERVICE DELIVERY. THERE PRESENTLY EXISTS A SHOCKING SHORTAGE OF COMMUNITY-BASED FAMILY SUPPORT SERVICES SUCH AS FAMILY COUNSELING, CRISIS INTERVENTION, RESPITE, IN-HOME AND OUT-OF-HOME TRAINING, AND INFORMATION AND REFERRAL SERVICES. THE ABSENCE OF THESE SERVICES OBVIOUSLY DIMINISHES THE ABILITY OF FAMILIES TO CARE FOR THEIR MENTALLY DISABLED FAMILY MEMBER.

SIMILARLY, GOVERNMENT HAS FAILED TO PROVIDE FOR THE NEEDS OF THOSE SEGMENTS OF THE MENTALLY RETARDED POPLUATION WHO ARE MOST VULNERABLE AND MOST IN NEED OF SERVICES. WE ARE REFERRING TO MENTALLY RETARDED PEOPLE WHO ARE ALSO DUALLY DIAGNOSED, THOSE WHO ARE AUTISTIC, AND THOSE WHO ARE MULTIPLY HANDICAPPED--THAT IS, INDIVIDUALS WHO IN ADDITION TO BEING MENTALLY RETARDED ARE ALSO DEAF, BLIND OR NON-AMBULATORY. THESE INDIVIDUALS ARE THE MOST DIFFICULT TO PLACE, AND THEIR PLIGHT CRIES OUT FOR ATTENTION. YET THERE ARE VIRTUALLY NO COMMUNITY-BASED FACILITIES TO MEET THEIR NEEDS.

IN OUR OWN STATE OF NEW YORK, WE ARE NOW STRUGGLING WITH THE "AGING OUT" PROBLEM--A TERM WHICH IS USED TO DESCRIBE THE CRISIS WHICH EXISTS WHEN A MENTALLY RETARDED, DEVELOPMENTALLY DISABLED OR EMOTIONALLY DISTURBED PERSON REACHES THE AGE OF 21 AND IS NO LONGER ELIGIBLE FOR STATE PROGRAMS AND FUNDING.

EACH YEAR THOUSANDS OF MENTALLY DISABLED INDIVIDUALS "AGE OUT" OF STATE-SUPPORTED PROGRAMS, ONLY TO BE THROWN INTO THE STREETS OR TO BE PLACED IN INAPPROPRIATE FACILITIES SUCH AS HOSPITALS AND EVEN PRISONS.

WHAT WE ARE SUGGESTING TO YOU, THEREFORE, IS THAT WE ARE FACING A MAJOR DILEMMA: WHILE GOVERNMENT HAS IN MANY CASES EMPTIED AND CLOSED THE DOORS OF INSTITUTIONS, IT HAS FAILED TO REDIRECT AND REALLOCATE THE FUNDS WHICH ARE NECESSARY TO ESTABLISH ADEQUATE COMMUNITY-BASED PROGRAMS AND RESIDENCES. INDEED, THE RECORD CLEARLY SHOWS THAT SOCIETY HAS FAILED TO LIVE UP TO ITS OBLIGATION--AND TO ITS PROMISE--TO PROVIDE MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE WITH THE SERVICES WHICH THEY REQUIRE AND TO WHICH THEY ARE ENTITLED.

THE IMPLEMENTATION OF NORMALIZATION IS BEING THREATENED BY FINANCIAL CONSTRAINTS AS WELL AS BY POOR PLANNING. PRESENTLY, THERE IS NO SINGLE SYSTEM OF FUNDING SERVICES TO MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED INDIVIDUALS. FUNDING WHICH STREAMS FOR HOUSING, TRANSPORTATION, FOOD STAMPS AND REHABILITIATION MUST BE PACKAGED FOR EACH INDIVIDUAL AS SUCH RESOURCES BECOME AVAILABLE. INDEED, THE DESIGN OF SOME GOVERNMENTAL PROGRAMS RESTRICTS THE USE OF APPROPRIATE NORMALIZING GENERIC SERVICES SUCH AS PUBLIC TRANSPORTATION AND RECREATIONAL FACILITIES.

MEDICAID FUNDS CONTINUE TO FLOW TO LARGE INSTITUTIONS, PRODUCING A DUAL SYSTEM OF CARE--INSTITUTIONAL VS. COMMUNITY--EACH VYING FOR SHRINKING RESOURCES. THE MEDICAID WAIVER, WHICH ALLOWS STATES TO INDIVIDUALIZE THE USE OF THOSE MONIES, IS ONLY APPLICABLE TO CLIENTS WHO WOULD OTHERWISE REQUIRE 24-HOUR CARE--ONLY A FRACTION OF THE POPULATION WE SERVE. THE DISPROPORTIONATE FUNDING OF INSTITUTIONS CREATES AND REINFORCES A POLICY OF OVERLY RESTRICTIVE CARE. SINCE WHAT IS MOST EASILY PAID FOR QUICKLY BECOMES WHAT IS MOST EASILY AVAILABLE, INDIVIDUALS ARE FORCED TO TURN TO WHAT IS BEING FUNDED EVEN IF THE SERVICES THUS PROVIDED ARE OFTEN INAPPROPRIATE. WE SUBMIT TO YOU THAT GOVERNMENTAL FUNDING SHOULD FOLLOW THE PERSON RATHER THAN THE OTHER WAY AROUND.

OTHER GOVERNMENTAL PROGRAMS FOSTER A SENSE OF DEPENDENCE THAT HINDERS THE PROGRESS OF NORMALIZATION. ELIGIBILITY FOR AID PROGRAMS IS TOO OFTEN BASED ON THE DISABLED INDIVIDUAL'S ABILITY TO EARN MONEY RATHER THAN ON THE NEED TO FOSTER HIS OR HER POTENTIAL TO BE INDEPENDENT AND SELF-SUFFICIENT. SUBSIDIZED WORK PROGRAMS, FOR EXAMPLE, USUALLY DO NOT OFFER REMUNERATION THAT IS EQUAL TO, NEVER MIND BETTER THAN, FEDERAL BENEFIT PACKAGES. STRUCTURED JOB TRAINING AND STABILITY ARE OFTEN NOT GUARANTEED. THEREFORE, THE VERY PROGRAMS WHICH ARE SUPPOSEDLY DESIGNED TO NURTURE A SENSE OF SELF-ESTEEM, INSTEAD SERVE TO PERPETUATE THE MYTH THAT MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE ARE INCAPABLE OF BECOME PRODUCTIVE MEMBERS OF SOCIETY.

THUS, EVEN WELL-MEANING GOVERNMENTAL PROGRAMS MAY INHIBIT NORMALIZATION BY REINFORCING SOCIETY'S VIEW THAT THE MENTALLY DISABLED ARE DEPENDENT AND INCAPABLE OF GROWTH.

ANOTHER DILEMMA OF WHICH WE MUST BE AWARE IS THE FICKLE NATURE OF PUBLIC OPINION AND ATTITUDES. THE VARIOUS EXPOSES OF THE INHUMANE CONDITIONS AT WILLOWBROOK AND OTHER INSTITUTIONS SHOCKED AND STARTLED THE AMERICAN PUBLIC. CRIES OF REVULSION WERE COUPLED WITH DEMANDS THAT INSTITUTIONS BE SHUT DOWN AND THAT THE LONG-SUFFERING CLIENTS BE TRANSFERRED TO MORE HUMANE SETTINGS. HOWEVER, EVEN THE MOST VOCAL CRITICS OF INSTITUTIONS GREET THE PROSPECT OF A COMMUNITY RESIDENCE BEING ESTABLISHED IN THEIR DOMAIN WITH THE FAMILIAR CRY OF, "NOT IN-MY NEIGHBORHOOD!" OBVIOUSLY, THERE IS A DIRE NEED TO EDUCATE THE PUBLIC, NOT ONLY ABOUT THE NEEDS OF MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE, BUT ABOUT THEIR RIGHTS AS WELL.

THUS FAR WE HAVE LIMITED OUR REMARKS TO THE EXTERNAL FACTORS AND CHALLENGES WHICH AFFECT NORMALIZATION. HOWEVER, THERE ARE ALSO SOME INTERNAL DILEMMAS WHICH HAVE TO BE ADDRESSED IF WE ARE TO REMAIN TRUE TO OURSELVES.

IF WE DEFINE NORMALIZATION AS THE BELIEF THAT MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED INDIVIDUALS ARE ENTITLED NOT ONLY TO BE TREATED WITH DIGNITY, BUT THAT THEY ARE ALSO CAPABLE OF PARTICIPATING IN MAKING DECISIONS AND CHOICES WHICH AFFECT THEIR LIVES, HOW DO WE REACT WHEN THEIR DECISIONS AND CHOICES ADVERSELY AFFECT THEIR DEVELOPMENTAL PROGRESS? TO CITE ONE EXAMPLE, HOW DO WE RECONCILE A CLIENT's WISH TO STAY IN BED WITH THE CONCEPT OF ACTIVE PROGRAMMING? THESE ARE HARD ISSUES, AND THEY POSE DIFFICULT ETHICAL QUESTIONS WHICH SOONER OR LATER WILL HAVE TO BE ANSWERED.

IN THE FINAL ANALYSIS, HOWEVER, WE MUST NEVER LOSE SIGHT OF THE FACT THAT NORMALIZATION REFERS TO AN ATTITUDE AS WELL AS TO PROGRAMS. IN THE DESIGN AND IMPLEMENTATION OF SERVICES FOR MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE, NORMALIZATION MEANS TREATING PEOPLE WITH DISABILITIES THE WAY THAT WE WOULD LIKE TO BE TREATED. THAT IS, WITH FULL APPRECIATION OF AND CONSIDERATION FOR THEIR INDIVIDUAL NEEDS, RIGHTS, ABILITIES AND POTENTIAL. WE MUST, THEREFORE, CREATE STRUCTURES IN SOCIETY, AS WELL AS WITHIN OUR AGENCIES, WHICH ENCOURAGE AND FACILITATE THE DEVELOPMENT AND DELIVERY OF HUMANE AND DIGNIFIED PROGRAMS FOR THE PEOPLE WE SERVE.

THOSE OF US WHO ARE ACTIVE IN THE SOCIAL SERVICE PROFESSION PLAY A VITAL ROLE. IN THE TRUEST SENSE, WE ARE FREEDOM FIGHTERS, CARRYING ON THE STRUGGLE FOR THE CIVIL AND HUMAN RIGHTS OF MENTALLY RETARDED AND DEVELOPMENTALLY DISABLED PEOPLE.

IN THE FACE OF FINANCIAL AUSTERITY OR ATTITUDINAL CHANGES, WE CANNOT CHANGE OUR MOST STRONGLY HELD BELIEFS IN THE RIGHT OF ALL INDIVIDUALS, REGARDLESS OF THEIR DISABILITIES, TO HAVE THE OPPORTUNITY TO ACHIEVE THEIR FULLEST POTENTIAL.

WHAT WE MUST CHANGE, IF WE ARE TO OVERCOME THE CHALLENGES WHICH THREATEN NORMALIZATION, ARE OUR METHODS OF CONFRONTING THESE CHALLENGES.

AS LEADERS IN THE SOCIAL SERVICE FIELD, WE MUST SERVE AS ADVOCATES BEFORE LEGISLATORS AND OTHER GOVERNMENT DECISION-MAKERS. INSTEAD OF LETTING THEM DWELL ON THE COST OF A COMMUNITY-BASED RESIDENCE OR PROGRAM, WE MUST EDUCATE THEM ABOUT THE COSTS--IN HUMAN AS WELL AS FINANCIAL TERMS--OF NOT PROVIDING SERVICES. WE MUST INFORM THEM THAT THE BOTTOM LINE IN HUMAN SERVICES IS NOT FISCAL, BUT MORAL.

WITH REGARD TO SHAPING PUBLIC ATTITUDES, WE MUST RECOGNIZE THAT FEAR AND MISCONCEPTIONS ARE AT THE ROOT OF MOST OPPOSITION TO COMMUNITY RESIDENCES AND OTHER COMMUNITY-BASED PROGRAMS, AND THAT THE ANSWER LIES IN PUBLIC EDUCATION AND INFORMATION.

THOSE OF US WHO SERVE AS HEADS OF AGENCIES AND AS FELLOW PROFESSIONALS CARRY A HEAVY RESPONSIBILITY. IT IS WE WHO MUST SPEAK OUT AND SPREAD THE MESSAGE THAT THERE ARE PEOPLE WITH NEEDS AND RIGHTS OUT THERE, AND THAT A SOCIETY WHICH REGARDS ITSELF AS DECENT AND CIVILIZED MUST SEE TO IT THAT THESE NEEDS ARE FULFILLED AND THAT THESE RIGHTS ARE RESPECTED IN THE MOST NORMALIZED FASHION.